SECTION 6
ADJUSTMENTS

Providers who are paid incorrectly for a claim should use the paper *Individual Adjustment Request* form to request an adjustment. Providers may also submit an individual adjustment via the Infocrossing Internet service, www.emomed.com, by using the claim frequency type option 7 for a replacement or option 8 for a void. Adjustments may not be requested when the net difference in payment is less than $4.00, or $.25 for pharmacy, per claim. If the adjustment is due to an insurance payment, or involves Medicare, the $4.00, or $.25, minimum limitation does not apply.

In some instances, more than one change may be necessary on a claim. **All** the changes to the claim must be addressed on the same *Individual Adjustment Request* form. Specify all the necessary changes, listing each change separately. Field 15 of the form may be used to provide additional information. **Only one claim can be processed per *Individual Adjustment Request* form as each adjustment request can only address one particular claim.** A separate *Individual Adjustment Request* form must be completed for each claim that requires changes, even if the changes or errors are of a similar nature or are for the same patient.

When using the Infocrossing Internet service to replace a paid claim using claim frequency type option 7, each line of the original paid claim must be re-entered even though a certain line or lines may not require an adjustment. A reprocessed Internet claim will have an ICN that begins with a “49”. Claim frequency type 8 is to be used only to void a previously paid claim and the payment is to be recouped. Claims voided through the Internet will appear on the next remittance advice with an ICN beginning with a “70”.

Providers submitting adjustment requests for changes in type of service codes or procedure codes must provide documentation for these changes. A copy of the original claim and the medical or operative report must be attached, along with any other information pertaining to the claim.

If an adjustment filed on paper does not appear on a Remittance Advice within 90 days of submission, a copy of the original *Individual Adjustment Request* and any attachments should be resubmitted. Photocopies are acceptable. Mark this copy with the word “Tracer”. Submitting another request without indicating it as a “tracer” can further delay processing. Adjustments for claim credits submitted via the Internet get a confirmation back the next day after submission to confirm the acceptance and indicate the status of the adjustment. If the Internal Control Number (ICN) on the credit adjustment is not valid, the confirmation file indicates such. If no confirmation is received, the provider should resubmit the claim credit.

See Section 4 of the Medicaid *Provider Manual* for timely filing requirements for adjustments and claim resubmissions. *Individual Adjustment Request* forms are to be submitted to the address shown on the form.

A sample Individual Adjustment Request is shown on the following page.

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
MISSOURI MEDICAID

INDIVIDUAL ADJUSTMENT REQUEST

☐ UNDERPAYMENT ☑ OVERPAYMENT

TO FACILITATE PROCESSING, PLEASE ATTACH THE FOLLOWING:
1. Claim Copy
2. Remittance Advice Copy

FORWARD ORIGINAL TO:
ATTENTION: ADJUSTMENT UNIT
DIVISION OF MEDICAL SERVICES
P O BOX 6500
JEFFERSON CITY MO 65102

PLEASE ENTER THE FOLLOWING DATA FROM YOUR REMITTANCE ADVICE:

3. INTERNAL CONTROL NUMBER 1604274009019	6. RECIPIENT NAME Nelson, Harry
4. RECIPIENT MEDICAID NUMBER 12345678	7. REMITTANCE ADVICE DATE 09/10/2004
5. PROVIDER LABEL Second Street Hospital #019999999 486 Second Street First City, MO 80000	8. R.A. PAGE NUMBER 25

REFER TO PROVIDER MANUAL ADJUSTMENT SECTION FOR INSTRUCTIONS

	SERVICE DATE	INFORMATION ON REMITTANCE ADVICE	CORRECTED INFORMATION
8. QTY/UNITS			
9. NDC/PROCEDURE CODE			
10. SERVICE DATE(S)			
11. BILLED AMOUNT			
12. PAID AMOUNT	08/04/2004	$1,132.00	$0.00
13. PATIENT SURPLUS			
14. OTHER RESOURCES (TPL) (IDENTIFY SOURCE)			

15. OTHER/REMARKS

Billed Medicaid in error before billing commercial insurance. Please take back payment.

HELPFUL HINTS FOR FILING AN ADJUSTMENT REQUEST FORM

1. **Only one internal control number (claim) is allowed per request.**
2. **Only a *paid* claim can be adjusted. A denied claim *cannot* be adjusted (file a new claim with the corrected information on it.).**
3. **If you want Medicaid to recoup an entire payment, *do not* enter each line of the claim. Instead, complete the top of the form and line 12 only. Enter the date of service, the amount Medicaid paid, and a "0" in the corrected information field.**
4. **When a change to a claim is necessary, such as a service date or quantity, use the ICN of the claim that paid and file an adjustment request. Do not send a new claim as it will deny as a duplicate.**
5. **An ICN beginning with a "70" or "75" credits or recoups the original paid claim. An ICN beginning with a "50" or "55" repays the claim with the corrected information.**
6. **Use the 'Remarks" section of the form to explain the reason for the correction.**

16. PROVIDER'S SIGNATURE	TITLE	DATE
		10/13/2004

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